



Missouri Department of Revenue  
**Military Application With Power of Attorney (For Persons  
Mobilized and Deployed with the U.S. Armed Forces)**

**Office Use Only**

☐ New ☐ Renewal ☐ Duplicate

You may qualify to obtain a new, renewal or duplicate permit, driver, or nondriver license if you are an active-duty member of the armed forces temporarily mobilized and deployed outside the state of Missouri. Please complete this application and submit the required documents in order to receive a Missouri permit, driver, or nondriver license through the mail. This application shall be considered satisfactory if it is signed by a person who holds general power of attorney executed by the person deployed, provided the applicant meets all other requirements.

**Complete both sides of this application and answer all questions that apply to you.**

|  |  |                      |        |             |   |  |                                   |  |
|--|--|----------------------|--------|-------------|---|--|-----------------------------------|--|
| Last Name  |  | First Name           |        | Middle Name | Suffix  | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Missouri Driver License Number    |  |
| Missouri Street Address (No PO Boxes)              |  |                      | City   |             | State   | ZIP Code   | County                            |  |
| Mailing Address (If different than street address) |  |                      | City   |             |   | State  | ZIP Code                          |  |
| Out-of-State or Country Mailing Address            |  |                      | City   |             | State or Country  | ZIP Code   | When will you return to Missouri? |  |
| Last 4 Digits of Social Security Number            |  | Date of Birth<br>/ / | Height | Weight      | Eye Color   | Telephone Number   |                                   |  |
| E-mail Address                                     |  |                      |        |             | Select the type of license you currently hold. (Select only one)<br><input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class E <input type="checkbox"/> Class F <input type="checkbox"/> Class M |  |                                   |  |

**Commercial Driver License Only**

Any person applying for a commercial driver license (CDL) must certify to one of the four categories shown below in the Self-Certification Information block indicating the type of commercial vehicle operation they drive in or expect to drive in with their CDL.

Drivers who select "non-excepted interstate" or non-excepted intrastate" below must also submit a current medical examiner's certificate, and any applicable waivers, with this form.

I certify my commercial operating status is-check only one box below:

(Selecting more than one box will delay processing of this form.)

- ☐ **Non-excepted Interstate** - (NI) Operates or expects to operate in interstate commerce and is subject to and meets the qualification requirements under 49 CFR part 391, and is required to obtain a medical examiner's certificate by 49 CFR 391.45. (Current medical examiner's certificate, and any applicable waiver, must be submitted with this form.)
- ☐ **Non-excepted Intrastate** - (NA) Operates only in intrastate commerce and is required to meet Missouri's current medical requirements. (Current medical examiner's certificate, and any applicable waiver, must be submitted with this form.)
- ☐ **Excepted Interstate** - (EI) Operates or expects to operate in interstate commerce, but engages exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68, or 398.3 from all or parts of the qualification requirements certificate by 49 CFR 391.45. These exceptions are listed in detail on the Department of Revenue's website at [dor.mo.gov/faq/drivers/medcert.php](http://dor.mo.gov/faq/drivers/medcert.php).

- ☐ **Excepted Intrastate** - (EA) Operates or expects to operate in intrastate commerce, but engages exclusively in transportation or operations that are excepted from all parts of Missouri's medical requirements. (This is Missouri's grandfather exemption where the driver operates solely in intrastate commerce and had a valid chauffeur's license on or before May 13, 1988.)

Have you been licensed in any other state within the past 10 years?

☐ Yes ☐ No

If yes, please submit a list of those states, your license number, if known, and any alias names that you may have used while licensed in that state.

**Motor Voter Information**

Are you registered to vote at your current address? ☐ Yes ☐ No  
Do you wish to register to vote? ☐ Yes ☐ No  
(If "Yes", complete the Motor Voter Registration Application, attached to this form, (Form 4386) and mail it to the county clerk where you reside or you may return it with Form 4318.)

**Boater Identification Indicator**

Do you wish to add or retain a boater identification indicator to your driver license? ☐ Yes ☐ No  
If "Yes", enter your Boating Safety Education Card control number here \_\_\_\_\_ and add an additional \$1.00 to your transaction.

**Permanent Disability Indicator**

Do you wish to add or retain a permanent disability indicator to your driver license? ☐ Yes ☐ No  
If "Yes", submit a completed Form 5294 Physician's Statement - Permanent Disability Indicator (available at [dor.mo.gov](http://dor.mo.gov)) with this application.

**Selective Service Information**

Do you wish to register with the Selective Service? ☐ Yes ☐ No

**Medical (to be completed by applicant)**

In the past 6 months have you had:

|                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| Convulsions, Epilepsy or Blackouts  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Paralysis                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Attack, Stroke, Heart Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (If yes, please explain)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**J88 Notation**

Are you deaf or hard of hearing, and wish to add the "J88" notation to your driver license? (If so, provide a doctor's statement with this application.) ☐ Yes ☐ No

For the purpose of signing this form, a "POA" designation is equivalent to a designation of "attorney in fact".

**Organ Donor**

Please refer to [www.MissouriOrganDonor.com](http://www.MissouriOrganDonor.com) regarding the First Person Consent Organ, Eye, and Tissue donor registry prior to answering the following questions.

Do you want to donate \$1.00 to the organ donor fund? ☐ Yes ☐ No

Do you consent to be listed in the Donor Registry System as an organ, eye and tissue donor? ☐ Yes ☐ No

Do you authorize an Organ Donor symbol to be placed on your license or permit? ☐ Yes ☐ No

**Blindness Awareness Fund**

Do you want to donate \$1.00 to the Blindness Awareness Fund? ☐ Yes ☐ No

**Appropriate License Fee**

☐ Check ☐ Money Order ☐ Credit Card  
If you are paying by credit card you must include the following:  
Card type: ☐ Discover ☐ Mastercard ☐ American Express ☐ Visa  
Card Number: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Expiration Date: (MM/YY) \_\_\_\_ / \_\_\_\_

**Applicant's Signature (See Instructions Below)**

I hereby certify under penalty of perjury, that all information regarding this transaction, including my residential address furnished pursuant to Sections [302.171](#) and [302.181](#) RSMo is true and accurate. (Signature must be centered in the box and not extend outside the box.) Sign in the box below. ▼ Black ink only.

|               |               |
|---------------|---------------|
| Signature Box | Signature Box |
|---------------|---------------|

## New Applicants Only

### Vision Examination Record (to be completed by eye doctor, physician, or vision examiner)

Both acuity and field vision readings are required.

**Acuity** — Your vision acuity reading must be recorded for each eye and then a combined acuity for both eyes, i.e., 20/20. The minimum standard for a Missouri driver license is 20/40 in either or both eyes.

**Field** — The complete peripheral reading for each eye and a combined reading must be shown in degrees (numerics) i.e., 55°.

Do not record reading as "Full" or "Normal." The minimum standard for a Missouri driver license is 55° in each eye or 85° in one eye.

|  |       |      |      |   |              |
|--|-------|------|------|---|--------------|
| Distant Vision Only  | Right | Left | Both | Remarks   |              |
| Correction   | 20/   | 20/  | 20/  | Eye Doctor, Physician, or Vision Examiner Signature |              |
| Without Correction   | 20/   | 20/  | 20/  | Registration Number (if applicable)                 |              |
| Horizontal Field in Degrees  | °     | °    | °    | Address   |              |
| Note: Special restrictions can be added to license if required due to visual condition. Specify in remarks area. |       |      |      | City, State, Zip Code, Country                      |              |
|  |       |      |      | Phone<br>(     )                                    | Date of Exam |

### HIGHWAY SIGN RECOGNITION TEST

Please print the correct name of each of the following signs on the line below it:



**Military Application with Power of Attorney  
(For Persons Mobilized and Deployed with the United States Armed Forces)**

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This form is not for use by Missouri drivers who are currently in the State of Missouri.

**Incomplete applications will not be accepted. You must submit the following:**

- ☐ **Proof of Military Active Duty or Dependent Status** — Required for ALL applicants. Note: The vision examination and highway sign recognition test are waived upon proof of status. "New" applicants must submit vision reading from physician or on Missouri State Highway Patrol Exam Form.
- ☐ **Name, Date of Birth, and Place of Birth** — (Submit legible photocopies - not original documents):  
U.S. Citizen: U.S. Birth Certificate, U.S. Passport, Certificate of Citizenship, Certificate of Naturalization or Certificate of Birth Abroad. U.S. Military Identification Card or Discharge Papers accompanied by a copy of U.S. Birth Certificate issued by a state or local Government. Non-U.S. Citizen: Document(s) indicating current immigration status such as permanent resident alien card, I-94, etc. Expiration date of document will be determined by expiration date of status per verification through the Department of Homeland Security. Age 65 and Older Exemption — If you are renewing a non-commercial driver license and are age 65 or older, you are exempt from presenting documents for place of birth.
- ☐ **Social Security Number**  
Provide the last 4 digits of your social security number in the appropriate box on this form if a number has been assigned to you; or if a number has not been assigned, you must present a letter from the Social Security Administration (SSA) regarding the status of your Social Security Number.
- ☐ **Name Change (if applicable)** — Due to marriage, divorce, adoption, etc.  
If your current name is different from the name on your name verification document presented above or your previous name on your Missouri record, you must submit a copy of one of the following documents reflecting the correct and current name:  
Certified Marriage Certificate      Certified Divorce Decree      Certified Adoption Papers or Amended Birth Certificate  
U.S. Passport (valid or expired)      Certified Court Order      Social Security Card or Medicare Card
- ☐ **Missouri Residential Address**  
Provide proof of your Missouri residential address and mailing address. Acceptable documents include; voter registration card, utility bill, bank statement, government check stub, pay check stub, property tax receipt, etc. (A Post Office Box will not be allowed as a residential address.)
- ☐ **Signed Application Form**  
Complete all parts of this application and review prior to signing. Your signature (or your signature, signed by your POA, and the signature of your POA, accompanied by a copy of the POA document) must appear within the signature box on the opposite page.
- ☐ **Boater Identification Indicator**  
If you have been issued a boating safety education card by the Missouri State Water Patrol under [Section 306.127, RSMo](#), you may elect to have a boater identification indicator placed on the back of your driver license. To have the indicator added to your document, you must submit the control number from your Boating Safety Education Card and add an additional \$1.00 to your transaction.  
If your current license has a boater identification indicator, you may elect to retain the indicator on your new or renewal document. There is no additional cost to retain a previously issued indicator.
- ☐ **Disability Indicator**  
If you are permanently disabled, you may apply for a permanent disability indicator indicating such status to be placed on the back of your driver or nondriver license. To have the indicator added to your document, you must submit [Form 5294](#) Physician's Statement - Permanent Disability Indicator.  
If your current license has a permanent disability indicator, you may elect to retain the indicator on your new or renewal document. A new physician's statement is not required.
- ☐ **Proof of Power of Attorney - (Submit copy)**  
The POA must sign the applicant's name and include the name of the POA ("Attorney in Fact"), as in the following examples:  
John Doe, by Jane Doe, Attorney in Fact  
John Doe, by Jane Doe, POA
- ☐ **Appropriate License Fee** — Required for all applicants. Payment may be made by a U.S. cashier's check, money order, traveler's check, personal check or credit card. Make check or money order payable to Missouri Department of Revenue. If payment is to be made by credit card complete the credit card information section within the application form. NOTE: If your driver license is within six months of expiring when the mail-in application is received in our office, the transaction is processed as a renewal.
- |  |                           |                            |
|--|---------------------------|----------------------------|
| • Instruction Permit                             | Class E, F, or M = \$3.50 | Class A, B, or C = \$ 7.50 |
| • Duplicate of an Instruction Permit             | Class E, F, or M = \$3.50 | Class A, B, or C = \$ 7.50 |
| • New Driver License (Age 21-69)                 | Class F or M = \$20.00    | Class E = \$35.00          |
| • New Driver License (Age 18-21)                 | Class F or M = \$10.00    | Class E = \$17.50          |
| • Nondriver License (All ages) = \$11.00         |                           | Class A, B, or C = \$45.00 |
| • Duplicate of Nondriver License (All) = \$11.00 |                           | Class A, B, or C = \$45.00 |
| • Renewal Driver License (Age 21-69)             | Class F or M = \$20.00    | Class E = \$35.00          |
| • Renewal Driver License (Age 18-21)             | Class F or M = \$10.00    | Class E = \$17.50          |
| • Duplicate of a 6-Year Driver License           | Class F or M = \$12.50    | Class E = \$20.00          |
| • Duplicate of a 3-Year Driver License           | Class F or M = \$10.00    | Class E = \$17.50          |
|  |                           | Class A, B, or C = \$22.50 |
|  |                           | Class A, B, or C = \$25.00 |
|  |                           | Class A, B, or C = \$22.50 |
- NOTE: Add \$25.00 to the above fees for each CDL written and skills test submitted.  
See [www.dor.mo.gov/mvdl/drivers/commercial/](http://www.dor.mo.gov/mvdl/drivers/commercial/) to determine if you qualify for a CDL skills test waiver. Please be sure to write your driver license number on your check or money order. If you have marked on the application that you would like to donate to either or both of the funds, you must add that donation to your fee.

The completed and signed application form, along with all required supporting documents required may be submitted by mail, fax or may be scanned and sent via email. Applications submitted without the required supporting documents will not be processed.

**Mail to:** Driver License Bureau  
Attention MIL  
P.O. Box 200  
Jefferson City, MO 65105-0200

**Phone:** (573) 526-2407  
**Fax:** (573) 751-0466  
**E-mail:** [dlbmail@dor.mo.gov](mailto:dlbmail@dor.mo.gov)

Visit <http://www.dor.mo.gov/drivers/>  
for additional information.

Form 4318 (Revised 01-2016)



# MOTOR VOTER REGISTRATION APPLICATION

## Use this application to:

1. Register to vote in federal, state, county, and municipal elections in Missouri.
2. Change the name on a current voter registration.
3. Change the address on a current voter registration.

## To be eligible to register to vote you must:

1. Be a U.S. Citizen.
2. Be a Missouri resident.
3. Be at least 17 1/2 years of age (must be 18 to vote).
4. Not be adjudged incapacitated by a court of law.
5. Not be confined under a sentence of imprisonment.
6. Not be on probation or parole after conviction of a felony, until finally discharged.
7. Not have been convicted of a felony or misdemeanor connected with the right to suffrage.

## Other information:

1. You must be 18 years of age by the day of the particular election to be eligible to vote in that election.
2. IF YOU ARE SUBMITTING THIS FORM BY MAIL AND ARE REGISTERING FOR THE FIRST TIME, PLEASE SUBMIT A COPY OF A CURRENT, VALID PHOTO IDENTIFICATION. IF YOU DO NOT SUBMIT SUCH INFORMATION, YOU WILL BE REQUIRED TO PRESENT ADDITIONAL IDENTIFICATION UPON VOTING FOR THE FIRST TIME SUCH AS A BIRTH CERTIFICATE,

**YOUR APPLICATION WILL BE CONFIRMED BY MAIL WITHIN SEVEN (7) BUSINESS DAYS OF RECEIPT BY THE ELECTION AUTHORITY. PLEASE CONTACT THE ELECTION AUTHORITY IF YOU DO NOT RECEIVE NOTIFICATION.**

(DETACH HERE - KEEP TOP PORTION FOR YOUR RECORDS) This card is not proof of registration.

A NATIVE AMERICAN TRIBAL DOCUMENT, OTHER PROOF OF UNITED STATES CITIZENSHIP, A VALID MISSOURI DRIVERS LICENSE OR OTHER FORM OF PERSONAL IDENTIFICATION.

3. Submitting this application to an individual other than the election authority does not insure timely voter registration.
4. After the election authority receives your voter registration application, you will be sent confirmation within seven business days. If you do not receive confirmation contact the election authority.
5. If you wish to serve as an election judge on election day please contact your local election authority.

## Absentee Voting

Registered voters who are unable to go to the polls on election day may vote via absentee ballot. This process begins six weeks before the election. Individuals wishing to vote by absentee ballot must make their application in writing, stating the reason they will be prevented from going to the polls on election day. Voters wishing to have their absentee ballot mailed to them must have their request in the office of election authority no later than 5:00 p.m. on the Wednesday before the election. The voter may however continue to vote via absentee in person, in the office of the election authority until 5:00 p.m. the day before the election. For information about requesting an absentee ballot contact your local election authority or visit the Missouri Secretary of State website at [www.sos.mo.gov/](http://www.sos.mo.gov/).



## MISSOURI DEPARTMENT OF REVENUE MOTOR VOTER REGISTRATION APPLICATION

If not completing electronically, please use a pen and print clearly.

Driver License Bureau

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| 1  | ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | 2   | WILL YOU BE 18 YEARS OLD ON OR BEFORE ELECTION DAY? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>If you checked no in response to either of the above questions, do not complete this form.</b>  |  |  |   |  |   |
| 3  | <input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> NAME CHANGE   |  | FOR OFFICE USE ONLY REGISTRATION NO   |  |   |
| 4  | LAST NAME FIRST NAME   |  | MIDDLE NAME   | SUFFIX   | SEX <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 5  | ADDRESS WHERE YOU LIVE (HOUSE NO., STREET, APT. NO. OR RURAL ROUTE AND BOX - NO PO BOXES)  |  | CITY  | COUNTY   | ZIP CODE  |
| 6  | ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED IF DIFFERENT FROM #5 ABOVE)  |  | CITY  | STATE  | ZIP CODE  |
| 7  | DRIVER LICENSE NUMBER  |  | 8   | LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*<br>IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER, PLEASE LEAVE BLANK  |   |
| 9  | DATE OF BIRTH (MM/DD/YY)   |  | 10  | PLACE OF BIRTH (OPTIONAL)  |   |
| 11   | DAYTIME PHONE NO. (OPTIONAL)   |  |   |  |   |
| 12   | NAME AND ADDRESS ON LAST VOTER REGISTRATION **<br>NAME _____<br>ADDRESS _____<br>CITY _____ STATE _____<br>COUNTY _____<br>** If currently registered in another state or county please complete this box  |  | 13 I hereby certify that I am a citizen of the United States and a resident of the state of Missouri. I am at least seventeen and one half years of age. I have not been adjudged incapacitated by any court of law. If I have been convicted of a felony or a misdemeanor connected with the right of suffrage, I have had the voting disabilities resulting from such conviction removed pursuant to law. I swear under penalty of perjury that all statements made on this card are true to the best of my knowledge and belief. I understand that if I register to vote knowing that I am not legally entitled to register, I am committing a class one election offense and may be punished by imprisonment of not more than five years or by a fine between two thousand five hundred dollars and ten thousand dollars or by both such imprisonment and fine. |  |   |
| 14   | RURAL VOTERS: COMPLETE THIS SECTION IF YOU LIVE OUTSIDE THE CITY LIMITS OF ANY CITY<br>I live _____ miles N S E W (circle one) of _____ landmark or junction (circle one) of _____<br>Section, Township, and range _____<br>My neighbors are _____ |  | Date _____ Signature _____  |  |   |
| <input type="checkbox"/> Check here if you are interested in working as an Election Judge Warning: Conviction for making a false statement may result in imprisonment for up to five years and/or a fine up to \$10,000. |  |  |   |  |   |

\* Required for registration pursuant to Section 115.155, RSMo and Section 115.158, RSMo and will be used only by authorized officials to combat voter fraud and facilitate orderly elections.

Form 4386 (Revised 02-2006)